

Subst. for form 1449/PTO				<b>Complete if Known</b>	
<b>SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> <i>(Use as many sheets as necessary)</i>				Application Number	10/735,863
				Filing Date	December 15, 2003
				First Named Inventor	Lee R. Brettman
				Art Unit	1644
				Examiner Name	Ronald B. Schwadron, Ph.D.
Sheet	1	of	9	Docket Number	079259-0237

OTHER ART (Including Author, Title, Date, Pertinent Pages, Etc.)			
EXAMINER'S INITIALS	CITE NO.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	
	AZ5	Fedyk, et al., "Regional Immunomodulation of the gastroIntestinal tract without systemic Immunosuppression in Cynomolgus macaques by vedolizumab," 15(S2): S50, Abstract P-0144, <i>Inflammatory Bowel Diseases</i> , (2009).	
	AR6	Feagan, et al., "Emerging Safety Profile of Vedolizumab: A novel, selective Integrin Inhibitor for the treatment of IBD," 15(S2): S12, Abstract P-0025, <i>Inflammatory Bowel Diseases</i> , (2009).	
EXAMINER		DATE CONSIDERED	

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.  
1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.